PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patera, dyanace orders and notification of maintenance fees will be mailed to the current correspondence address as included unless correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying

ROTHWELL, 1425 K STREET SUITE 800 WASHINGTON	hav	papers. Each additional paper, such as an assignment or Tormal drawing, must have in own certificate of maling of transmission. Certificate of Malling or Transmission I hereby certify that this Peci() Transmission I hereby certify that this Peci() Transmission of the product of the production of					
			-				(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/733,469 I2/12/2003 TITLE OF INVENTION: SYSTEMS AND METHODS FOR DETECTIN			Victor J. Yodaiken				
			_	IN A COMPUTE	R SYS	TEM	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE	TOTAL FEE(8) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	08/04/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DEBNATH		2435	713-201000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353). Change of correspondence address for Change of Correspondence Address from PIOSB/I/27 Jauchaded. 3 "Fee Address" indication (or "Fee Address" Indication form PIOSB/I/27 Jauchaded. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON "PIEASE NOTE Unless an assignee is identified below, no assignee.			* **				
(A) NAME OF ASSIG	ENEE Machine Labs,	(B) RESIDENCE: (CITY Austin, Texas					
4a. The following fee(s) are submitted: ☑ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies _ 5			b. Payment of Fee(s): (Pleuse first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card, Form PTO-2038 is attached. ☐ The Director is hereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number022155 (neclose an extra copy of this form).				
	SMALL ENTITY state	is. See 37 CFR I.27.	b. Applicant is no long				
Authorized Signature Authorized Signature Typed or printed name This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1430, Alexandria, V Alexandria, V, Alexandria, V Alexandria, V, Alexandria, V Al	Martin M.	M. Zoltick	7	Date 7	/ l'	9/09 /35,745	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033